



Department of Defense INSTRUCTION

January 10, 1989
NUMBER 6055"5

ASD(FM&P)

SUBJECT : Industrial Hygiene and Occupational Health

References: (a) DoD Instruction 6055.5, subject as above, April 30, 1980
(hereby canceled)
(b) DoD Directive 1000.3, "Safety and Occupational Health Policy
for the Department of Defense, " March 29, 1979
(c) Executive Order 12196, "Occupational Safety and Health
Programs for Federal Employees, " February 26, 1980
(d) Federal Personnel Manual (FMP) Supplement 293-31, Subchapter
s6, September 2, 1987
(e) through (j) , see enclosure 1

A. PURPOSE

This Instruction reissues and updates reference (a) to:

1. Amplify DoD policy in reference (b) , and implement reference (c), pertaining to the prevention of occupational illness.
2. Establish uniform procedures to recognize and evaluate health risks associated with exposure to chemical, physical, and biological stresses in DoD workplaces.
3. Establish procedures for the management of an Employee Medical File System in accordance with reference (d) and industrial hygiene surveillance records .
4. Authorize the publication of DoD 6055 .5-M, "Occupational Health Surveillance Manual ," consistent with DoD Directive 5025. 1-M (reference (e)) , which recommends medical examinations and biological monitoring criteria for selected occupations.

B. APPLICABILITY AND SCOPE

This Instruction:

1. Applies to the Office of the Secretary of Defense, (OSD) the Military Departments the Joint Chiefs of Staff, the Unified and Specified Commands , and the Defense Agencies (hereafter referred to collectively as "DoD Components"). For the purposes of this Instruction, the Army and Air Force Exchange Service is considered a DoD Component.
2. Applies to both military and civilian personnel, including nonappropriated fund employees , worldwide.
3. Does not apply to contractor personnel working on or operating DoD facilities.

4. Does not cancel or supersede other DoD Component instructions that pertain to physical examinations of military or civilian personnel, such as induction, retirement, periodic, or **reenlistment physical examinations that are conducted for purposes other than the recognition and evaluation of health risks associated with exposure to chemical, physical, and biological stresses in DoD workplaces.**

C. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

D. POLICY

It is DoD policy to provide each employee with a healthful work environment that is free from recognized chemical, physical, or biological hazards that cause or are likely to cause death or illness. To this end, health hazards must be identified, evaluated, and controlled. Consistent, meaningful occupational health and environmental surveillance programs must be implemented to ensure that controls adequately protect the health of DoD personnel.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Force Management and Personnel (ASD(FM&P))) shall provide policy guidance and coordination on industrial hygiene and occupational health matters within the Department of Defense.

2. The Heads of DoD Components shall establish and maintain industrial hygiene and occupational health programs that conform to the requirements of this Instruction.

3. The Secretary of the Navy is designated executive agent for the development, coordination, publication, maintenance, and periodic update of DoD Manual 6055.5-M, Consistant with DoD 5025.1-M (reference (e)).

3. The Secretaries of the Army and Air Force shall designate a single office or agency to participate with the executive agent in the development and maintenance of DoD Manual 6055.5-M.

F. PROCEDURES

DoD Components' industrial hygiene and occupational health programs shall include the following elements:

1. Surveillance

a. Industrial Hygiene Surveillance

(1) Comprehensive periodic evaluations of all potential health hazards in each workplace and ancillary facilities shall be conducted to ensure that workers are not exposed to recognized physical, chemical, or biological hazards that could cause death or illness. For each chemical used in each workplace, a professional judgment should be made as to the health hazard associated with the use of that chemical. In many cases, this judgment can be made by reviewing the chemical and physical characteristics of the material and

the reamer in which it is being used. Material Safety Data Sheets, described in DoD Instruction 6050.5 (reference (f)), are valuable in this regard. In certain instances, sampling may be necessary to ascertain potential exposures.

(2) Regardless of the techniques used, the result should be a definite determination as to the presence, absence, or degree of health hazard from the use of that chemical. Similar evaluations and definite statements should be made for all biological and physical agents in each workplace. Only industrial hygienists, qualified occupational health personnel, or technicians under the supervision of industrial hygienists, shall perform those workplace evaluations. Monitoring shall meet the requirements of applicable Occupational Safety and Health Administration (OSHA) standards or approved DoD alternate or supplemental standards. Affected DoD personnel or civilian employee representatives shall be advised of the monitoring procedures and have access to the results.

(3) The results of those efforts should form the basis for an overall assessment of the health hazards in each workplace. This assessment then can be used to assign priorities for abatement actions, to schedule future surveys, to require personal protective equipment, and to **provide a basis for determining the requirement and scope of periodic medical surveillance of workers.**

b. Medical Surveillance

(1) DoD Components' medical surveillance programs shall include those medical examination requirements of:

- (a) OSHA standards.
- (b) Alternate DoD standards approved under E.O. 12196 (reference (c)) .
- (c) Supplemental DoD standards for which no OSHA standard exists.
- (d) Office of Personnel Management.
- (e) Other Federal agencies , such as the Department of Transportation, that may prescribe, as a condition of employment, physical examination of DoD personnel to perform specific duties.

(2) DoD Components' medical surveillance programs also may include:

(a) Other preplacement examinations to determine whether or not a worker will be physically and mentally able to perform his or her job, and to provide baseline values for comparison purposes in the detection of early or subclinical effects resulting from inadvertent, accidental, or unexpectedly high exposure to potentially harmful substances.

(b) Other periodic job-related examinations to ensure that the worker remains physically and mentally able to perform his or her job, detect early or subclinical effects as a result of accidental or inadvertent overexposure to toxic chemicals or hazardous substances, and monitor for

unanticipated effects of long-term, low-level exposure to specific biological, chemical, and physical agents.

(c) Administrative Examinations. In addition to occupational health examinations, administrative examinations may be performed to fill an administrative need, such as fitness for duty or disability. They also may provide useful information about the health status of employees and their occupational environment.

(3) DoD Components shall develop procedures to ensure that any personal health information obtained from an occupational health medical surveillance program is protected and used only as a management tool for occupational disease prevention, treatment, *or* adjudication of employee workers compensation claims. Disclosure of any information outside the Department of Defense shall be in accordance with DoD Directive 5400.11 (reference (g)). Department of Defense Components **shall** ensure, however, that concerned **employees** or their private physicians are notified of the results of medical examinations as appropriate under (reference (g)).

(4) Although the medical examinations, exclusive of administrative examinations and biological monitoring described in paragraphs 2 (b) and (c) above, are valuable to the employer and the employee, DoD civilian employees are not required, except when those physical examinations are included in the employee's position description as a condition of employment, to participate in the occupational health physical examination program. Reasonable efforts should be made to encourage full participation, but no reprisals shall be taken against an employee if he or she refuses to participate.

(5) DoD Components shall ensure that occupational medical monitoring requirements are established for each DoD workplace.

2. Health Hazard Education. Training shall be provided to personnel to ensure that they are aware of the health hazards associated with their occupation, informed of safe work practices, and educated in the use of appropriate personal protective equipment. Records of individual health hazard training must be maintained.

3. Immunizations. Personnel shall be offered at government expense those immunizations that the local medical officer determines are necessary to ensure occupational disease prevention. Immunizations shall not be administered at government expense for personal foreign travel.

4. Emergency Medical Treatment. Personnel with job-related illnesses and injuries shall be offered appropriate emergency medical care. Related **follow-up** care for civilian employees shall be offered in accordance with worker compensation rules and **DoD Component procedures**.

5. Research and Development. DoD Components shall perform as appropriate to their mission and under the coordination of the Director, Defense Research and Engineering, Office of the Under Secretary of Defense (Acquisition), research and development to assess the effects and impact of specific environmental conditions, unique to the military, on personnel health and well-being, and the development of criteria or other measures to reduce or prevent their impact on health status or work performance.

6. Records Management

a. Civilian Employee Medical File System (EMFS)

(1) DoD Components shall establish their **EMFS** in accordance with FPM Supplement 293-31, subchapter S6 (reference (d)) and this Instruction.

(2) If medical services are provided by contract to DoD facilities, the contract shall provide that the contractor must maintain employee medical folders (**EMFs**) in accordance with reference (d) and this Instruction.

(3) The EMFS consists of records of medical treatment provided to civilian Federal employees for occupational injuries, illnesses, exposures, and other medical or health maintenance matters. These records shall be maintained at providing medical treatment facilities (**MTFs**), under the custody of medical personnel or personnel trained in medical records procedures.

NOTE : While the EMF shall be kept at the providing MTF, civilian personnel offices (**CPOs**) may retain copies of Office of Workers' Compensation records in the CPO for as long as necessary.

(4) For each DoD installation, either the Head of the servicing MTF, or the Commander of the MTF at the next higher echelon, or his or her designee, shall be designated as the **EMFS** Manager. Where there are no DoD medical support personnel, local commanders may designate EMFS Managers, who must be DoD Component employees.

(5) An EMF shall be established for all DoD civilian employees, when treated or provided preventive services by a Federal government health care provider incident to their Federal employment and when exposure records are generated (see Subparagraph F.6.c. (4) below). Those DoD civilian employees who are employed in administrative and similar nonhazardous positions generally shall have no occupational medical records initiated (when occupational medical data are generated for these employees, as in the case of an occupational injury or medical surveillance enrollment, an EMF shall then be established).

(6) Medical record folders currently in use by DoD Components need not be changed. However, Standard Form (SF) 66D, "Employee Medical Folder (**EMF**)," (a blue folder) shall be used for all new EMFs and when an individual's records are transferred or retired. DoD Components may insert SF 66D in DoD Component-prescribed medical record folders to facilitate local filing and retrieval.

(7) When an **EMF** is first established, steps shall be taken to ensure that all required records are included in accordance with reference (d), this Instruction, and DoD Component Directives.

(8) Employee job-related X-ray films are a part of the **EMF**. Chest X-ray films 8½" x 11" or smaller will fit within the EMF and shall be transferred to or retired with the medical records in the EMF. Oversized, chest/torso X-ray films cannot fit in the EMF and shall not be sent with the EMF to storage; however, they may be sent with the EMF to a new Federal employing agency. When the EMF is sent to storage, oversized X-ray films must be retained by the last

MTF that provided occupational health services to the employee, until such time as they may be destroyed. In cases where 29 CFR 1910 (reference (i)) applies, they shall be preserved and maintained for at least the duration of employment **plus** 30 years, or 40 years, whichever is greater, or until the EMF is authorized for destruction, and not longer than 100 years from the date on which the X-ray image was made. Radiographic results shall be included in the EMF, with a notation of the **location** of any film not present in the EMF and how it can be obtained. When OSHA standards allow, a microfiche copy of any X-ray may be placed in the EMF instead of the X-ray itself.

(9) The **EMF** for employees transferring into the Department of Defense from the Federal agencies shall continue to be used to file the employees' occupational medical records (nonstandard folders shall be replaced with SF 66D).

(10) For DoD civilian employees who are retired military members or DoD dependents, the EMF shall be established in the same way as for other civilian employees. The military medical records of these individuals shall continue to be treated as a separate system of records. Only a notation of the existence of the military medical record and how the record may be obtained for review need be entered into the EMF. If dependent medical records are maintained in employee's EMF (i.e., in the event of overseas assignment), family member records shall be removed when the employee leaves the Agency.

(11) **Employees have a right to see all of their EMFS records in whatever format they are maintained.** This right to access the records applies to the employee or the employee's designated representative, when that representative has the employee's written permission to see the record. The written permission must specify the record to be provided and specifically identify the representative by name. Release of EMFS records will be strictly in accordance with 29 CFR 1910.20 (reference (i)), as well as reference (d) and reference (j).

(12) The **EMFS** manager is responsible for deciding when and what occupational medical records are to be disclosed either to another DoD official or outside of the Department of Defense as well as resolving other "Privacy Act" (reference (j)) and DoD Privacy Program (reference (g)) questions that may arise in connection with the EMFS. Note that physical treatment records, as distinguished from other occupational medical records, generally are not appropriate for disclosure to **nonmedical** officials.

(13) Personnel management decisions based on the EMFS records shall be coordinated with the EMFS manager.

(14) DoD Components shall develop and implement the "Privacy Act of 1974" (reference (j)) disclosure accounting procedures for their EMFS. A disclosure form shall be maintained in each SF **66D**. If a disclosure request involves medical records not subject to FPM Supplement 293-31, subchapter **s6** (reference (d)), e.g.; postal service or foreign service employee medical records, obtain disclosure instructions from the controlling agency. Note that information in the EMF is sensitive and confidential and any disclosure of it is to be rare and must be consistent with this Instruction, reference (d), and (reference (j)).

(15) The EMFS manager shall take action to ensure the security of EMFS records in order to preserve the confidentiality of the physician and patient relationship.

(16) The EMF shall be unclassified. Classified occupational medical records shall be retained separately from the EMF. A notice shall be placed in the EMF; the notice shall indicate if classified medical records exist and describe where requests for these records are to be submitted.

(17) If an EMF is not established during an individual's employment at a DoD installation, a letter to that effect shall be forwarded to the receiving activity or the National Personnel Records Center (NPRC) in place of the nonexistent EMF at the time of employee transfer or termination of service, respectively.

(18) When requesting an EMF from the NPRC, the request form shall show the name, title, and address of the requesting installation's EMFS manager, or designee, who is the only official authorized to receive the EMF.

(19) DoD Component receiving activities shall ensure that EMFs of employees who transfer from other positions within the Department of Defense and other Federal agencies are provided to them within 60 days from the day of transfer.

(20) Temporary records (all drug testing records) may be maintained as part of the EMFs. However, they are not to be placed in the EMF being sent when the employee transfers to another agency or when the EMF is sent to the NPRC. Disposition of temporary records will be handled in accordance with applicable regulations. To minimize the possibility of unauthorized disclosure, it is recommended that drug testing records not be maintained in the EMF even though such records are part of the EMFS.

b. Military Medical Records. Maintenance, retention, and disposition of military personnel medical records shall be in accordance with existing DoD Component Directives.

c. Industrial Hygiene Surveillance Records

(1) Comprehensive baseline industrial hygiene data shall be collected and maintained on each workplace and updated with periodic surveys.

(2) Sufficient records shall be maintained on each workplace to ascertain the presence or absence, nature, and degree of occupational health hazards. These records generally shall contain noise measurements, heat stress information, ventilation data, floor diagrams of the shop area, a detailed inventory of workplace toxic substances, and a register of personnel occupationally exposed to chemical substances or other hazardous physical or biological stresses.

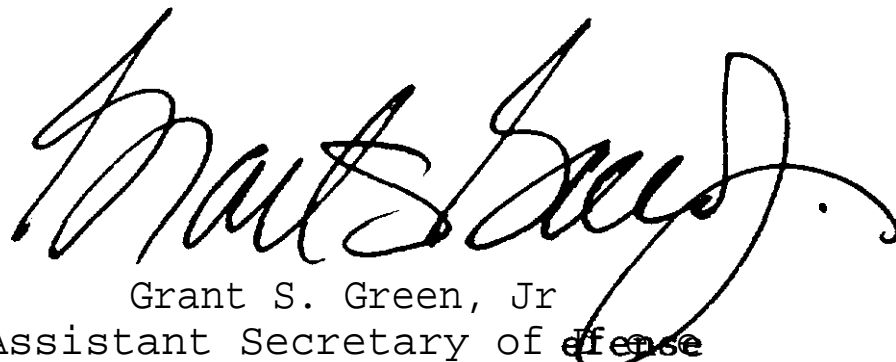
(3) Employees, or employee representatives, shall be permitted access to those workplace records pertinent to their individual exposures.

(4) Records of industrial hygiene workplace monitoring and surveys shall be retained for a minimum of 40 years. When such records identify exposed employees by name, they also become a part of the EMFS (paragraph F.6.a., above). Copies of these records should be included in the exposed employee's EMF and retained in accordance with the requirements of the EMFS.

(5) Records of occupational exposure to Nuclear Regulatory Commission-regulated radiation shall be retained by the licensee per 10 CFR 20 (reference (h)).

G. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Force Management and Personnel) within 180 days.



Grant S. Green, Jr
Assistant Secretary of Defense
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Enclosures - 2

1. preferences
2. Definitions

Jan 10, 89
6055.5 (Encl 1)

References

- (e) DoD 5025.1-M "Directives System Procedures," April 1981, authorized by DoD Directive 5025.1, October 6, 1980
- (f) DoD Instruction 6050.5, "Hazardous Material Information System," January 25, 1978
- (g) DoD Directive 5400.11, "Department of Defense Privacy Program," June 9, 1982
- (h) Title 42, United States Code Title 10, Code of Federal Regulations, Part 20
- (i) Title 29, Code of Federal Regulations, Part 1910. 20, "Occupational Safety and Health Act of 1970"
- (j) Title 5, Code of Federal Regulations, Part 297, "Privacy Act of 1974"

DEFINITIONS

A. Industrial Hygiene. That science and art devoted to the recognition, evaluation, and control of those environmental factors or stresses, arising in or from the workplace, which may cause sickness, impaired health and well-being, or significant discomfort and inefficiency among workers.

B. Industrial Hygienist

1. A DoD civilian employee who meets the requirements of the Office of Personnel Management's standard for the Industrial Hygiene GS-690 series, or

2. A DoD contractor employee who has a college or university degree or degrees in engineering, chemistry, physics, medicine, or related physical and biological sciences, and who, by virtue of special studies and training, has acquired competence in industrial hygiene. Such special studies and training must have been sufficient in all of the above cognate sciences to provide the abilities: (1) to recognize the environmental factors and to understand their effect on man and his well-being; (2) to evaluate, on the basis of experience and with the aid of quantitative measurement techniques, the magnitude of those stresses in terms of ability to impair man's health and well-being; and (3) to prescribe methods to eliminate, control, or reduce such stresses when necessary to alleviate their effects, or

3. A military officer commissioned in the medical services or biomedical sciences corps with equivalent education, training, and experience as described above.

While the above definitions do not include certification by the American Board of Industrial Hygiene, the Department of Defense recognizes the need for such certification by every professional industrial hygienist as an appropriate hallmark by one's peers and strongly urges all eligible DoD personnel to obtain certification.

C. Qualified Occupational Health Personnel. Medical personnel, such as physicians, nurses, sanitarians, etc. , who by virtue of education, training, and experience have acquired competence in industrial hygiene and occupational health.